

<b>TRANSMITTAL FORM</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td>10/687,933</td> </tr> <tr> <td>Filing Date</td> <td>October 20, 2003</td> </tr> <tr> <td>First Named Inventor</td> <td>Helmut D. LINK</td> </tr> <tr> <td>Art Unit</td> <td>3733</td> </tr> <tr> <td>Examiner Name</td> <td>D. C. Comstock</td> </tr> <tr> <td>Attorney Docket Number</td> <td>246472006000</td> </tr> </table>	Application Number	10/687,933	Filing Date	October 20, 2003	First Named Inventor	Helmut D. LINK	Art Unit	3733	Examiner Name	D. C. Comstock	Attorney Docket Number	246472006000
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(to be used for all correspondence after initial filing)													
Total Number of Pages in This Submission	4												

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form  <input type="checkbox"/> Fee Attached  <input type="checkbox"/> Amendment/Reply  <input type="checkbox"/> After Final  <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input checked="" type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Reply to Missing Parts/Incomplete Application  <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s) _____  <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Form PTO-SB/08a/b (1 page) Copies of IDS citations
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	MORRISON & FOERSTER LLP		
Signature			
Printed name	Bradley J. Meier		
Date	October 7, 2008	Reg. No.	44,236